

RESIDENTIAL NEW

County of Stafford

Department of Public Works
PO Box 339
1300 Courthouse Rd.
Stafford, Virginia
22555-0339
(540) 658-8650
www.co.stafford.va.us



RECEIVED BY: _____

DATE: _____

R/E TAXES CURRENT: _____

A/P: _____

MASTER PLAN: _____

JOB LOCATION

STREET ADDRESS: _____

TAX MAP #: _____ SECTION: _____ LOT: _____

SUBDIVISION: _____ PROJECT #: _____

IS A FIRE SUPPRESSION (SPRINKLER) SYSTEM REQUIRED? ☐ YES ☐ NO

CURRENT OWNER INFORMATION

NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BUILDING CONTRACTOR INFORMATION

☐ SAME AS OWNER

CONTRACTOR/ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

SIGNATURE: _____

VIRGINIA CONTRACTORS LICENCE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

CONTRACTOR INFORMATION VERIFIED BY PERMIT STAFF VIA DPOR: YES ☐ NO: ☐

APPLICANT INFORMATION

☐ SAME AS CONTRACTOR ☐ SAME AS OWNER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DESIGNATED MECHANICS LIEN AGENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

A/P: _____

MECHANICAL CONTRACTOR INFORMATION

☐ SAME AS OWNER

CONTRACTOR/ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

SIGNATURE: _____

VIRGINIA CONTRACTORS LICENCE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

CONTRACTOR INFORMATION VERIFIED BY PERMIT STAFF VIA DPOR: YES ___ NO: ___

ELECTRICAL CONTRACTOR INFORMATION

☐ SAME AS OWNER

CONTRACTOR/ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

SIGNATURE: _____

VIRGINIA CONTRACTORS LICENCE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

CONTRACTOR INFORMATION VERIFIED BY PERMIT STAFF VIA DPOR: YES ___ NO: ___

PLUMBING CONTRACTOR INFORMATION

☐ SAME AS OWNER

CONTRACTOR/ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PRINT NAME _____

SIGNATURE: _____

VIRGINIA CONTRACTORS LICENCE #: _____

LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

CONTRACTOR INFORMATION VERIFIED BY PERMIT STAFF VIA DPOR: YES ___ NO: ___

PROJECT INFORMATION

A/P: _____

TOTAL VALUATION

DECLARED PROJECT VALUE \$ _____
(Total contract value)CALCULATED PROJECT VALUE \$ _____
(Per ICC)

TYPE OF WORK

☐ Duplex ☐ Industrialized ☐ SFD ☐ Townhouse

DESCRIPTION OF WORK

SQUARE FOOTAGE OF INVOLVED AREA

USBC Edition: _____	Basement:
	1st Floor:
	2nd Floor:
	3 rd Floor:
	Decks: Dimensions:
	Porches: Dimensions:
	Stoops: Dimensions:
	Garage/Carport:
	Gross Square Footage:

CHECK APPROPRIATE FIELD OR ENTER QUANTITY WHERE REQUIRED

☐ Basement *select all that apply:* ☐ Finished ☐ Unfinished ☐ Areaway ☐ Walk Out ☐ Window Well☐ #Bathrooms ☐ Carport ☐ Garage ☐ Stoop☐ #Bedrooms ☐ Deck ☐ Porch ☐ Other

MECHANICAL

☐ # Fireplace *select all that apply:* ☐ Pre-Fab ☐ Masonry ☐ Gas ☐ Wood Burning ☐ Gas Logs ☐ Woodstove ☐ Insert☐ # Furnace ☐ # Heat Pump ☐ # Tank *select:* ☐ AG ☐ UG *Size:* _____☐ Gas Piping *select:* ☐ Propane ☐ Natural ☐ # Lift *select:* ☐ Elevator ☐ Dumb Waiter ☐ Wheelchair Lift

ELECTRICAL

☐ #Alt Energy Device ☐ #Outdoor Light Pole ☐ Temp Meter *Expire Date* _____☐ Generator ☐ # Sub Panel *Power Company* _____

PLUMBING

☐ Lawn Sprinkler ☐ Septic ☐ Sewer ☐ Well

TIME LIMITATION OF APPLICATION

Virginia Uniform Statewide Building Code 108.8

An application for a permit for any proposed work shall be deemed to have been abandoned six months after the date of filing unless such application has been pursued in good faith or a permit has been issued, except that the building official is authorized to grant one or more extensions of time if a justifiable cause is demonstrated.

APPLICANT INITIALS: _____

APPLICANT AGREEMENT

All information on this form is part of the application and must be complied with. I hereby certify that I have authority to make this application, that the information is complete and correct and that the work performed and equipment installed will conform to the Virginia Uniform Statewide Building Code and other applicable laws and regulations which relate to the property.

NAME: _____

SIGNATURE: _____ DATE: _____

ISSUANCE OF PLANS OR APPROVED DOCUMENTS (COMPLETE AT PERMIT ISSUANCE)

I have received county approved plans or documents.

NAME: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY